

PART B - FEE(S) TRANSMITTAL

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3000 7590 12/28/2004

CAESAR, RIVISE, BERNSTEIN,
 COHEN & POKOTILOV, LTD.
 11TH FLOOR, SEVEN PENN CENTER
 1635 MARKET STREET
 PHILADELPHIA, PA 19103-2212

03/31/2005 WABDEL3 00000013 030075 09916053

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Martin L. Faigus	(Depositor's name)
<i>Martin L. Faigus</i>	(Signature)
March 28, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/916,053	07/26/2001	William John Waywood	A1019/20276	7279

TITLE OF INVENTION: BIAXIALLY ORIENTED POLYOLEFIN SLIP FILMS WITH IMPROVED FLATNESS AND ADHESION PROPERTIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	03/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZIRKER, DANIEL R	1771	428-354000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively;
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Caesar, Rivise,
 2 Bernstein, Cohen
 3 & Pokotilow, Ltd.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Applied Extrusion Technologies, Inc.

New Castle, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) is/are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-0075 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37-CFR-1.27(g)(2).

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Authorized Signature *Martin L. Faigus* Date March 28, 2005Typed or printed name Martin L. Faigus Registration No. 24,364

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